

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-158</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/27/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WIMBLEDON SUPERVISED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1650 WIMBLEDON DRIVE #101 GREENVILLE, NC 27858</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on July 27, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the Licensee failed to maintain the facility in an attractive manner. The findings are:</p> <p>Observations on 7/26/18 between 9:30 am and 10:00 am revealed:</p> <ul style="list-style-type: none"> <li>- A hole in the wall at the front door.</li> <li>- The finish on the dining room table was scratched and worn.</li> <li>- Black scuff marks and scratches on the walls throughout the facility including the hallway and bedrooms.</li> <li>- A large hole at the bottom of Client #1's bedroom door.</li> <li>- A hole at the bottom of Client #1's closet door.</li> <li>- Black scuff marks at the bottom of Client #2's bedroom door.</li> </ul> <p>Interview on 7/26/18 the Program Manager stated the apartment complex management was slow</p>	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 736	Continued From page 1  about ensuring repairs were made as reported. She would follow up regarding the needed repairs.	V 736		